Congressman H. Morgan Griffith			
<b>SERVICE ACADEMY APPLICATION</b>			
Personal Information			
NAME:			
Preferred name (if different than above):			
Sex: Date of Birth:			
SOCIAL SECURITY NUMBER:			
NINTH DISTRICT ADDRESS:			
CITY, STATE, ZIP:			
COUNTY:			
Home Telephone:			
Cell Phone:			
Email Address: Mother's name:			
Address (if different):			
FATHER'S NAME:			
Address (if different):			
Page <b>1</b> of <b>4</b>			

HIGH SCHOOL INFORMATION		
NAME OF HIGH SCHOOL:		
COUNTY:		
Address:		
CITY, STATE, ZIP:		
DATE OF GRADUATION:		
GPA/SCALE:	CLASS STANDING: OF	
COLLEGE INFO	RMATION (IF APPLICABLE)	
NAME OF COLLEGE:		
Address:		
CITY, STATE, ZIP:		
Major:		
GPA/SCALE:	Credit Hours:	
DATE OF GRADUATION:		
<b>COLLEGE ENTRANCE EXAMINATIONS</b>		
SAT SCORES: 1 <sup>st</sup> Exam date & Score:		
2 <sup>ND</sup> EXAM DATE & SCORE:		
3 <sup>rd</sup> Exam Date & Score:		
Pa	age <b>2</b> of <b>4</b>	

ACT SCORES: 1 <sup>st</sup> Exam date & Score:		
2 <sup>ND</sup> EXAM DATE & SCORE:		
3 <sup>RD</sup> EXAM DATE & SCORE:		
ACADEMY PREFERENCE		
IF YOU DESIRE TO BE CONSIDERED FOR NOMINATION TO ONE OR MORE OF THE ACADEMIES LISTED		
BELOW, PLEASE INDICATE YOUR CHOICE NUMERICALLY FROM 1 TO 4. USE N/A IF YOU ARE NOT		
INTERESTED IN A PARTICULAR ACADEMY. CIRCLE Y FOR YES AND N FOR NO IF YOU HAVE STARTED A PRELIMINARY APPLICATION TO THAT ACADEMY.		
	MI.	
AIR FORCE	MILITARY	
Y N	YN	
MERCHANT MARINE	NAVAL	
YN	YN	
***THE U.S. COAST GUARD ACADEMY DOE	ES NOT REQUIRE A CONGRESSIONAL NOMINATION.	
OTHER NOMINATING SOURCES		
ARE YOU ELIGIBLE FOR A PRESIDENTIAL NOMINATION? Y N		
PLEASE CHECK ALL OTHER SERVICE ACADEMIES' NOMINATING SOURCES THAT YOU PLAN TO PURSUE:		
PRESIDENT BARACK OBAMA		
VICE PRESIDENT JOSEPH BIDENSENATOR TIM KAINE		
SENATOR MARK WARNER	JROTC	
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ACKNOWLEDGEMENT: I REQUEST THAT CONGRESSMAN GRIFFITH CONSIDER MY APPLICATION FOR A CONGRESSIONAL NOMINATION TO THE UNITED STATES SERVICE ACADEMY OR ACADEMIES THAT I HAVE LISTED. I AFFIRM THAT I HAVE NEVER BEEN CONVICTED OR ARRESTED FOR VIOLATING A STATE OR FEDERAL STATUTE. I UNDERSTAND THAT THE DEADLINE FOR APPLICATIONS TO BE RECEIVED IN THE OFFICE IS OCTOBER 15. IF I HAVE NOT SUBMITTED ALL OF THE REQUESTED INFORMATION BY THAT DEADLINE, I UNDERSTAND THAT MY APPLICATION MAY NOT BE GIVEN FULL CONSIDERATION. I, THE UNDERSIGNED, DECLARE THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

CANDIDATE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I APPROVE OF THIS APPLICATION AND UNDERSTAND THAT IF MY CHILD OR WARD IS NOMINATED TO A SERVICE ACADEMY, ANY ANNOUNCEMENT TO THE NEWS MEDIA WILL BE MADE BY CONGRESSMAN GRIFFITH'S OFFICE.

PARENTAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROVISIONS OF THE PRIVACY ACT OF 1974 ARE WAIVED TO THE EXTENT OF SHARING THIS INFORMATION WITH SERVICE ACADEMIES.

**RETURN THIS COMPLETED APPLICATION BY OCTOBER 15, ALONG WITH:** 

- **1) CURRENT PHOTO**
- 2) HIGH SCHOOL TRANSCRIPT
- **3) ACT OR SAT RESULTS**
- **4) RESUME OF ACTIVITIES**
- 5) ESSAY-STATING WHY YOU WANT TO ATTEND A SERVICE ACADEMY
- 6) MINIMUM OF THREE (3) LETTERS OF RECOMMENDATION

To: Office of Congressman H. Morgan Griffith Attn: Michelle Jenkins 323 W. main St. Abingdon, Virginia 24210